

Foster Family Home - Corrective Action Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

94-149 Mokukaua Street

Waipahu HI 96797

Review ID: 1-562654-9

Reviewer: Julie Hastings

Begin Date: 6/26/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
--Corrective Action Report issued during home inspection with all written corrections due to CTA by 7/14/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

8.(a)(2)HHM#4 and HHM#5 do not have APS/CAN/Fingerprint e-Crim

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Victorina Agustin
 CCFFH Address: 94-144 Mokuikaua St Waipahu HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|--------------|--|-------------------|--|
| 8A1 (8A2) | HHM # 4 and HHM # 5 now have APS + CAN + Finger print + Ecrim | 6/29/20 7/1/20 | all household members will be required to have background checks with in 30 days of moving in |

Primary Caregiver's Signature: Victorina Agustin

Print Name: VICTORINA AGUSTIN

Date of Signature: 7/1/20